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SIGNATURE of Assignee of Record The individual whose algusture shall be supplied below is authorized to act on behalf of the assignee						
Signature	1 / Ko Ola	1/L			Date 4/5	105
Name	David Bartley 500			_	Telephone	· · · · · · · · · · · · · · · · · · ·
Thie	Assistant Sections					

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